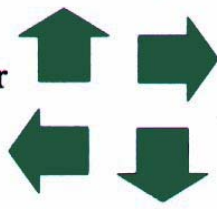


National Association for

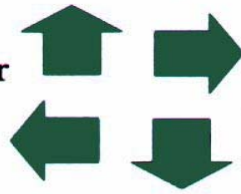


Medical Deputising Australia Ltd

NAMDS

ACN: 057 597 949

APPENDIX A
STATUTORY
DECLARATION FORMS



NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (VICTORIA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of the Parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

in the State of (state)

this day of 20 (year)

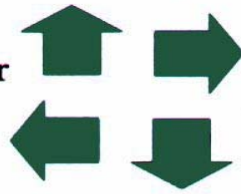
before me:

Witnessed by

A Justice of the Peace/Solicitor (signature) dated / / .
Print (name)

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

National Association for



Medical Deputising Australia Ltd

NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (TASMANIA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
- 2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of section 132 of the Evidence Act 1910.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

in the State of (state)

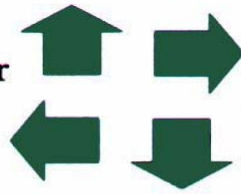
this day of 20 (year)

before me:

Witnessed by

A Justice of the Peace/Solicitor
Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.



NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (SA) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

in the State of (state)

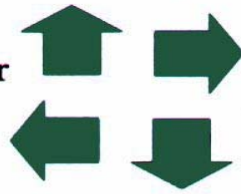
this day of 20 (year)

before me:

Witnessed by

A Justice of the Peace/Solicitor (signature) dated / / .
Print (name)

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.



NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (QUEENSLAND) ©2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867-1981.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

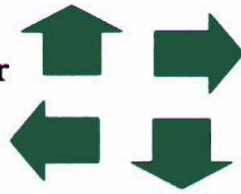
in the State of (state)

this day of 20 (year)

before me:

Witnessed by
A Justice of the Peace/Solicitor
Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.



NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (NT) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of the Oaths Act.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

in the State of (state)

this day of 20 (year)

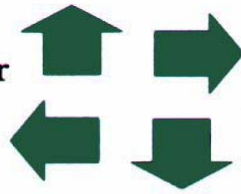
before me:

Witnessed by

A Justice of the Peace/Solicitor Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

National Association for



Medical Deputising Australia Ltd

NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (NSW) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
- 2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

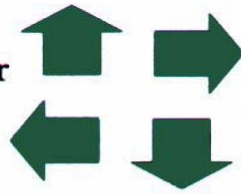
in the State of (state)

this day of 20 (year)

before me:

Witnessed by
A Justice of the Peace/Solicitor
Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.



NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (ACT) © 2007

I, (full name)..... being the principal/owner of a Medical Deputising Service practicing under the name of whose premises are located at and whose registered office is located at and which is providing after hours primary medical care services (including home visits) to the areas described in the attached map do solemnly and sincerely declare as follows:

- 1. That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.
2. That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.

AND I MAKE this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

SIGNED AND DECLARED by the said

..... (signature) dated / / .
Print (name)

at (place)

in the State of (state)

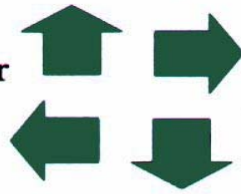
this day of 20 (year)

before me:

Witnessed by
A Justice of the Peace/Solicitor
.....
Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.

National Association for



Medical Deputising Australia Ltd

NAMDS

ACN: 057 597 949

STATUTORY DECLARATION (WA) © 2007

I, (full name)..... being the principal/owner of a
Medical Deputising Service practicing under the name of
..... whose premises are
located at
and whose registered office is located at
and which is providing after hours primary medical care services (including home visits) to the areas
described in the attached map do solemnly and sincerely declare as follows:

1. *That the above Medical Deputising Service meets the definition of a Medical Deputising Service as defined by the National Association of Medical Deputising Services Australia Pty Ltd.*
2. *That the above Medical Deputising Service has been accredited as an after hours provider by the following accreditation agency in accordance with the standards established by the Royal Australian College of General Practice, including supplementary materials for after hours care services.*

AND I MAKE this solemn declaration by virtue of section 106 of the Evidence Act 1906.

SIGNED AND DECLARED by the said

.....
Print (name) (signature) dated / / .

at (place)

in the State of (state)

this day of 20 (year)

before me:

Witnessed by

A Justice of the Peace/Solicitor
Print (name) (signature) dated / / .

NOTE: Each Statutory Declaration is unique to the State in which the MDS is located. The State specific Statutory Declaration form is available from the NAMDS Secretary/Treasurer.